

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	3		1			
5	3		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	3		1			
11	3		1			
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13	3		1			
14	3		1			
15	3		1			
16	3		1			
17	3		1			
18	3		1			
19	3		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1	5	1			
26	1	5	1			
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28	1		1			
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TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			